



Immunization Program

MenHibrix[®] Bexsero[®] and Trumenba[®] VFC Order Form

Return form by fax, regular mail, or email:

Montana Immunization Program
PO Box 202951
1400 Broadway
Helena, Montana 59620
FAX 406-442-4848

To email, click "Submit Form" or save and attach to an email to hhsiz@mt.gov.

Date Submitted:

VFC PIN #:

Facility Name:

Contact Person:

Contact's Direct Phone:

Contact's E-mail:

For Office Use Only:

Last Reconciliation Date:

Order ID:

Order Date:

MenHibrix[®] (HibMenCY) Indications:

MenHibrix[®] is recommended for infants 2–18 months at increased risk for meningococcal disease including

- those with recognized persistent complement pathway deficiencies;
- infants who have anatomic or functional asplenia including sickle cell disease.

Bexsero[®] and Trumenba[®] (MenB) Indications:

Bexera[®] and Trumenba[®] are recommended for children aged 10 through 18 years at increased risk for meningococcal disease attributable to serogroup B, including:

- Children who have persistent complement component deficiencies (including inherited or chronic deficiencies in C3, C5-C9, properdin, factor H, or factor D or taking eculizumab [Soliris[®]])
- Children who have anatomic or functional asplenia, including sickle cell disease
- Children identified to be at increased risk because of a meningococcal disease outbreak attributable to serogroup B

Order MenHibrix[®], Bexera[®], and Trumenba[®] only when you have eligible patients. Orders will be processed immediately upon receipt.

VACCINE	TRADE NAME	NDC	MINIMUM DOSE ORDER	DOSES ORDERED	DOSES ON HAND*
HibMenCY-TT	MenHibrix [®]	58160-0801-11	1		
MenB	Bexsero [®]	46028-0114-02	1		
MenB	Trumenba [®]	00005-0100-10	10		

*Must provide a current inventory.